

DIABETES IN GREENVILLE COUNTY



SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Greenville county.

Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Greenville county and SC in 1998.

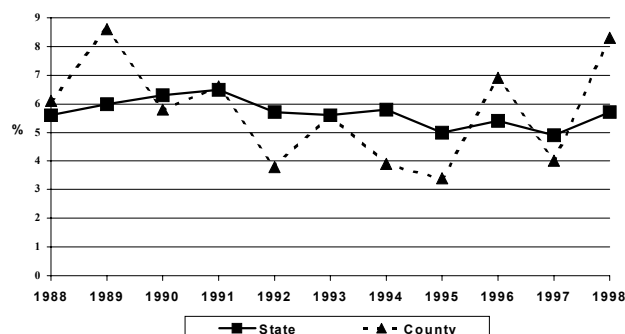
Table 1. Prevalence (%) of
Behavioral Risk Factors for Diabetes

	Greenville County	SC
Overweight	57.3	52.3
Current Smokers	24.8	24.7
Physical Inactivity	65.3	61.6
Consuming fruits and vegetables less than 5-A-Day	80.2	78.2
High Cholesterol(1997)	32.5	24.4
Hypertension(1997)	23.1	26.7

Prevalence

In 1998, there were approximately 22,440 adults (8.3%) aged 18 and older living in Greenville county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 1. Prevalence of Self-Reported
Diabetes among Adults, Greenville, 1988-1998



Morbidity and Complications

In 1997, there were 522 hospital discharges with diabetes as the primary diagnosis among Greenville county residents. During the same year, there was an additional 4,798 hospital discharges with diabetes-related condition. Compared to whites, African-Americans had fewer hospitalizations for diabetes as the primary diagnosis - 209 (40%), and fewer hospitalizations for diabetes as a related diagnosis - 1,169 (24%).

In 1997, hospital charges for hospitalizations of Greenville county residents having diabetes as

primary diagnosis were up to \$5.3 million and \$68.8 million for diabetes as a related condition. The total length of hospital stay for diabetes as the primary diagnosis was 4,162 days.

Greenville county patients with diabetes who had diabetes-related complications in 1997 included:

- 722 (13.9%) with renal manifestations;
- 118 (2.2%) with lower extremity amputations related to diabetes;
- 187 (3.6%) with diabetic ketoacidosis;
- 353 (6.7%) with renal failure;
- 155 (2.9%) with dialysis.

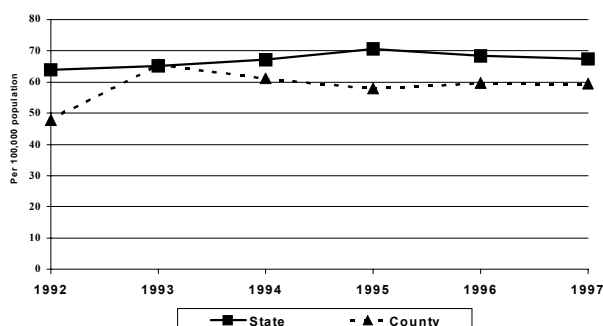
Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 5,194 hospitalizations for patients with diabetes, 3,973 (76.4%) had cardiovascular diseases, and 680 (13.09%) had stroke.

In 1997, there were 628 emergency room (ER) visits for diabetes as the primary diagnosis, among which 279 (44%) were for African-American patients. In addition, there were 979 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$376,591.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 141 residents of Greenville county. This is an age-standardized mortality rate of 31.9 per 100,000 population, close to the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 261 deaths in Greenville county; a standardized mortality rate of 59.5 per 100,000 population.

Figure 2. Age-Adjusted Mortality Rate of Diabetes, Greenville, 1992-1997



A total of 1,661.5 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Greenville county is reversed compared to the national pattern of diabetic mortality, with African-Americans having lower mortality rates than whites. White women had the highest standardized mortality (143.9 per 100,000 population) among all race-sex groups.

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